

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS235AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2009
NAME OF PROVIDER OR SUPPLIER GARDEN OF EDEN HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4509 LILLIPUT LANE LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/3/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 085	Continued From page 3 This Regulation is not met as evidenced by: Based on interview and observation on 9/3/09, the administrator failed to ensure that a qualified caregiver was on duty at all times residents were in the facility. Employee #1 was the only employee on site the morning of 9/3/09 . Employee #1 stated it was his first day of work and that he did not have caregiver, Alzheimer's, or medication management training. Upon her arrival at the facility, Employee #4 stated that Employee #1 did not have the required caregiver training. Severity: 2 Scope: 3	Y 085		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 9/3/09, the facility failed to ensure 3 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #2, #3 and #4) for the protection of all residents. Employee #2 and #3 failed to have evidence of a pre-employment physical and 2-step TB test prior to beginning work. Employee #4 failed to provide evidence of a 2-step TB test.	Y 103		

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Y 103	Continued From page 4 This was a repeat deficiency from the 10/16/08 State Licensure survey. Severity: 2 Scope: 3	Y 103			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review and interview on 9/3/09, the facility failed to ensure 4 of 5 Employees met background check requirements (Employee #1, #2, #3 and #4). Employee #1 failed to provide evidence of a criminal history statement, fingerprints and state and FBI background check. Employee #2, #3 and #4 failed to provide evidence of a state and FBI background check. Employee #4 failed to show evidence of a criminal history statement. Employee #4 stated the facility had not submitted any of the fingerprints to the repository. Severity: 2 Scope: 3	Y 105			
Y 172 SS=C	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents	Y 172			

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Y 172	Continued From page 5 are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation on 9/3/09, the facility failed to ensure 2 of 3 containers used to store garbage outside the facility were covered. Severity: 1 Scope: 3	Y 172		
Y 179 SS=D	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 9/3/09, the facility failed to provide screen doors on the exit doors to prevent the entry of insects. The facility failed to ensure a screen was on the window of bedroom #1 and the large window located in the family room. Severity: 2 Scope: 1	Y 179		
Y 253 SS=F	449.217(4) Adequate Supplies of Food NAC 449.217 4. The administrator of a residential facility shall	Y 253		

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Y 253	Continued From page 6 ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. This Regulation is not met as evidenced by: Based on observation and interview on 9/3/09, the facility failed to provide at least a 1 week supply of canned food in the facility for five residents. Severity: 2 Scope: 3	Y 253			
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on observation and interview on 9/3/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days. The facility failed to follow the posted menu for 2 of 2 meals observed in the facility today. The facility failed to document the substitutions. Severity: 1 Scope: 3	Y 274			
Y 301 SS=D	449.218(2) Bedrooms - Window Requirement	Y 301			

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Y 301	Continued From page 7 NAC 449.218 2. Each bedroom in a residential facility must have one or more windows that can be opened from the inside without the use of tools or a door to the outside which is at least 36 inches wide and can be opened from the inside. This Regulation is not met as evidenced by: Based on observation on 9/3/09, the facility failed to ensure the windows in 1 of 5 bedrooms were able to be opened. The window in Bedroom #3 was not able to be opened from the inside. Bedroom #3 also had a door to the outside which was not able to be opened from the inside. This is a repeat deficiency from the 10/16/08 annual State Licensure Survey. Severity: 2 Scope: 1	Y 301		
Y 444 SS=C	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 9/3/09, the facility failed to ensure smoke detectors were tested 11 out of the past 12 months. The facility failed to provide evidence of smoke detector checks for all months except August 2009. This was a repeat deficiency from the 10/16/08 State Licensure survey.	Y 444		

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Y 444	Continued From page 8 Severity: 1 Scope: 3	Y 444		
Y 530 SS=C	449.260(1)(e) Activities for Residents NAC 449.260 (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities. This Regulation is not met as evidenced by: Based on interview and observation on 9/3/09, the facility failed to provide at least 10 hours of activities for the residents. Employee #4 stated the facility did not have an activity schedule and did not provide any activities for their residents. Severity: 1 Scope: 3	Y 530		
Y 624 SS=D	449.2702(5) Admission Policy NAC 449.2702 5. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility. This Regulation is not met as evidenced by: Based on observation and record review on 9/3/09, the facility failed to ensure 1 of 5 residents (Resident #2) met the requirements for admission	Y 624		

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Y 624	Continued From page 9 to the facility. The standard placement determination signed 7/13/09 by a doctor stated Resident #2 needs to be placed in a facility that provides care to persons with mental illness. The facility is not licensed to provide care to persons with mental illness. Severity: 2 Scope: 1	Y 624		
Y 895 SS=F	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 9/3/09, the facility failed to ensure the medication administration	Y 895		

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Y 895	Continued From page 10 record (MAR) was accurate for 4 of 5 residents (Resident #1, #2, #3 and #5). Severity: 1 Scope: 3	Y 895		
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on interview and observation on 9/3/09, the facility failed to ensure medications belonging to 5 of 5 residents were stored in a locked area. The facility kept the resident's medications in a closet with a lock. The closet was not locked during the survey and Employee #1 stated he did	Y 920		

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Y 920	Continued From page 11 not have a key to the closet. Severity: 2 Scope: 3	Y 920		
Y 924 SS=D	449.2748(4) Medication / Resident Transfer NAC 449.2748 4. Except as otherwise provided in subsection 5, when a resident is discharged or transferred from a residential facility, all medications prescribed for the resident must be provided to the resident or to the facility to which he is transferred. Based on observation on 9/3/09, the facility failed to ensure medications for 1 of 6 residents (Resident #6, discharged resident) were destroyed after he was transferred from the facility. Three bottles of ibuprofen 600 milligram (MG) tablets were found in the caregiver's bedroom. Severity: 2 Scope: 1	Y 924		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation on 9/3/09, the facility failed	Y 991		

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Y 991	Continued From page 12 to ensure an alarm was installed and activated on all exit doors. This is a repeat deficiency from the 10/16/08 annual State Licensure survey. Severity: 2 Scope: 3	Y 991		
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Based on observation and interview on 9/3/09, the facility failed to ensure one member of the staff was awake at the facility at all times. Employee #4 presented a staff schedule that failed to have anyone scheduled to work at night. When asked about night coverage Employee #4 stated Employee #2 sleeps in the family room and residents can wake him up if they need something. This is a repeat deficiency from the 10/16/08 Annual State Licensure survey. Severity: 2 Scope: 3	Y 992		
Y 993 SS=F	449.2756(1)(d) Alzheimer's training	Y 993		

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Y 993	Continued From page 13 NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. This Regulation is not met as evidenced by: Based on interview and record review on 9/3/09, the facility failed to ensure 4 of 5 Employees (Employee #1, #2, #3 and #4) received training and education related to Alzheimer's disease. Severity: 2 Scope: 3	Y 993			
Y 994 SS=F	449.2756(1)(e) Alz fac -Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by:	Y 994			

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Y 994	Continued From page 14 Based on observation on 9/3/09, the facility failed to ensure all knives in the kitchen were inaccessible to the residents. The knives in the kitchen were in a cabinet with a lock but the facility failed to ensure it was locked during the survey. Employee #1 stated he did not have a key to the cabinet. Additionally, the facility failed to ensure a razor in Bedroom #1 was kept in a locked area. Severity: 2 Scope: 3	Y 994			
Y 998 SS=F	449.2756(f)(4) Alzheimer's Facility-Yard safe NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. This Regulation is not met as evidenced by: Based on observation on 9/3/09, the facility failed to ensure the outside of the facility did not jeopardize the safety of the residents. The facility	Y 998			

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Y 998	Continued From page 15 had what looked like an unfilled pond in the back yard that was not secured. Severity: 2 Scope: 3	Y 998		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: 449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care for persons with Alzheimer's disease shall insure that: (g) All toxic substances are not accessible to the residents of the facility. This regulation is not met as evidenced by: Based on observation on 9/3/09, the facility failed to ensure that toxic substances were inaccessible to the residents. Toxic substances were stored in the laundry room which was not locked. Toxic substances were found unlocked in a desk in the family room.	Y 999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS235AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/03/2009
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 999	Continued From page 16 This is a repeat deficiency from the 10/16/08 annual State Licensure survey. Severity: 2 Scope: 3	Y 999			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.